### **Campaign Finance Report**

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identificati Number :	on 201		ŀ	Repor Filed E	t By:	CAND	IDATE		СОМ	<b>ITTEE</b>	<b>✓</b>	LOBE	YIST			
Name of Filing C	Committee, Candi	date or L	obbyist:	S	Santars	iero f	or State	Senate	9							
Street Address:	P O Box 671															
City:	Newtown						State:	PA			Zip Cod	le: 1	8940			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PR PRIMARY	RE-	2.	30 DA		POST-	3.		AMENDM REPORT?		Yes	No	<b>~</b>	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PI ELECTION	RE-	5.	30 DA		POST-	6.		TERMINA REPORT		Yes	No	<b>~</b>	
report type)	ANNUAL REPORT	7. <b>X</b>	<b>Year</b> 2022				NG METH CHECK				PAPER DISKETTI				ГТЕ	
Name of Office S	Sought by Candid	ate:	•		•		DATE	OF ELE	CTIC	N	District Number	Office Code	Pari	ty Code	County Code	
	,						МО	DAY	YI	EAR	Ivanibei	code			code	
							1	1	8	2022	(SEE INSTRUCTIONS FOR CODES)					
Summary of Expenditures	Receipts and	МО	DAY YEA	AR			МО	DAY	Y	EAR	FO	R OFFI	CE USE	ONLY		
Expenditures	o ii oiii:		11 29	20	22 <b>T</b>	0	1	2	31	2022						
A. Amount Bro	ught Forward Fro	m Last R	eport			\$			215,	125.29						
B. Total Monetary Contributions And Receipts (From Sch						\$			1,3	371.16						
C. Total Funds Available (Sum Of Lines A and B)						\$			216,	496.45	]					
D. Total Expenditures (From Schedule III)						\$			41,8	311.89						
E. Ending Cash Balance (Subtract Line D From Line C)						\$			174,6	84.56	]					
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sched	lule	e II)	\$				0.00						
G. Unpaid Debt	ts And Obligation	s (From S	Schedule IV)			\$				0.00			'			
			AF	FI	DAVI	T SE	CTION	l								
PART I - If this is		•	=							_						
I swear (or affirm) correct and complete	) that this report, in ete.	cluding the	e attached schedul	les 1	filed on	paper	or by ele	ctronic m	edium	, are to t	the best o	f my kno	wledge a	and belie	f , true	
Sworn to and subs	cribed before me th	is	20						5	Signature	of Perso	n Submi	tting Rep	ort		
	Signat	ure				<u>-</u>					Prin	ted Nam	e			
My Commission Ex	•	uic									Ema	il				
	МО	D	AY Y	'n				Ar	ea Coo	de	Daytim	e Telep	hone Nui	mber		
Part II- If this is	a report of a car	didate's	authorized Com	ımi	ittee, C	andid	ate shal	l sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and belief th	is p	oolitical	comm	ittee has	not viola	ited ar	ıy provis	ions of the	e act of :	June 3,19	937 (P.L.	1333,	
Sworn to and subsc	ribed before me this	•								s	ignature o	of Candid	late			
	day of					_					<b>.</b>	<b>-</b>				
	Signature					-					Printe	d Name				
My Commission Exp	_										Ema	1				
	МО	D	AY Y	/R		-		Area	Code		Da	aytime 1	Геlephon	e Numbe	er	

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

, -							
Name of Filing Committee or Candidate	Reporting	g Period					
Santarsiero for State Senate	From:	11/29/202	<u>2</u> To:	12/31/2022			
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor							
TOTAL for the Reporting	g Period	(1)	\$	185.00			
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)							
Contributions Received From Political Committees (Part A)			\$	0.00			
All Other Contributions (Part B)			\$	160.00			
TOTAL for the Reporting Period (2) \$							
3. Contributions Received Over \$250.00 (From Part C and Part D)							
Contributions Received From Political Committees (Part C)			\$	0.00			
All Other Contributions (Part D)			\$	500.00			
TOTAL for the Reporting	J Period	(3)	\$	500.00			
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)							
TOTAL for the Reporting	g Period	(4)	\$	526.16			
			1				
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	1,371.16			

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting Period			
		From:		То	:	
	I .		DATE			AMOUNT
ommittee		МО	DAY	YEAR		
					\$	0.00
State	Zip Code (Plus 4)					
	ommittee	ommittee	ommittee MO	DATE  MO DAY	From: To  DATE  MO DAY YEAR	From: To:  DATE  MO DAY YEAR  \$

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL
\$ 0.00

### ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A)

Name of Filing Committee or Candida	Name of Filing Committee or Candidate				eporting Period					
Santarsiero for State Senate			Froi	m:	11/29/2	<u>2022</u> To	):	12/31/2022		
					AMOUNT					
Full Name of Contributor  Marguerite Chandler				МО	DAY	YEAR				
Mailing Address 1382 Newtown Lar	ighorne Rd # N-112	2					\$	30.00		
City Newtown	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 189402418		12	7	2022				
Full Name of Contributor  Marguerite Chandler				МО	DAY	YEAR				
Mailing Address 1382 Newtown Lar	ighorne Rd # N-112	2					\$	30.00		
City Newtown	<b>State</b> PA	Zip Code (Plus 4) 189402418		12	31	2022				
Full Name of Contributor Russ McConnell				МО	DAY	YEAR				
Mailing Address 1200 Longmeadow	Ln						\$	100.00		
<b>City</b> Yardley	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 190674768		12	30	2022				
								PAGE TOTAL		

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

\$ 160.00

#### **PART C**

### **Contributions Received From Political Committees**

**OVER \$250.00** 

Use this Part to itemize only contributions received from Political committees with an aggregate value from Over \$250.00 in the reporting period.

Name of Filing Committee or Candid	ate		Reporting	Period				
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Committee	ee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	chedule I, Detail	ed Summary Pa	age, Sectio	n 3.			\$	0.00

## ALL OTHER CONTRIBUTIONS

**OVER \$250.00** 

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate	of Filing Committee or Candidate							
Santarsiero for State Senate			Fron	n:	11/29/2	<u>022</u> To	To: 12/31/2022	
				D.A	ATE		AMOU	NT
Full Name of Contributor Hill Wallack LLP				МО	DAY	YEAR		
Mailing PO Box 5226				12	30	2022	\$	500.00
City Princeton	State	Zip Code (Plus	s 4)	12	30	2022		
	NJ	085435226						
Employer Name				Occupat	ion		•	
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code (Pl	us 4)
PO Box 5226		Princetor	1		ΙNJ		085435226	5
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			PAGE	<b>TOTAL</b> 500.00
						L		

## OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.
Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

	prior expenditui	cs that were	· Ctaiii	cu to	the me	•		
Name of Filing Committee or C	Candidate		Report	ing Perio	od			
Santarsiero for State Senate			From:		11/29/202	<u>22</u> To:		12/31/2022
				D	ATE			AMOUNT
Full Name				мо	DAY	YEAR		
Wells Fargo								
Mailing Address 1420 E Lir	ncoln Hwy						\$	17.96
City Langhorne	State	Zip Code (I	Plus 4)	12	31	2022	2	
3	PA	19047300	07					
Receipt Description Inter	est	1					l	
Full Name				мо	DAY	YEAR		
Wells Fargo				МО		ILAK		
Mailing Address 1420 E Lir	ncoln Hwy						\$	8.20
City Langhorne	State	Zip Code (I	Plus 4)	11	30	2022	2	
	PA	19047300	07					
Receipt Description Inter	est							
Full Name								
Friends of Diane Marseglia				МО	DAY	YEAR		
Mailing Address 346 Stratt	on Ct						\$	500.00
City Langhorne	State	Zip Code (I	Plus 4)	12	30	2022	2	
-	PA	19047166	54					
Receipt Description check	k written 7/12/2022 neve	er received				ı	1	
			<u> </u>			ſ		PAGE TOTAL
nter Grand Total of Part E o	n Schedule I, Detailed	Summary Page,	Section	4.			\$	526 16

#### **SCHEDULE II**

#### **IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED**

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Per	iod	
Santarsiero for State Senate	From:	<u>11/29/2022</u> <b>To:</b>	12/31/2022
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTO	R	
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD ( amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page,		\$	0.00

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

Name of Filing Committee or Candidat	:e		Reporting	g Period			
			From:			То:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						<b>\$</b>	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL
						\$	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate					Re	porting I	Period			
					Fro	om:		To:		
					•		DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupa	tion			
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, I	n-Kind	Contributi	ons De	etaile	ed				<b>PAGE TOTAL</b> 0.00

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Co	andidate		Reporti	ng Period			
Santarsiero for State Senate			From	11/29	9/2022	То:	12/31/2022
				DATE			AMOUNT
<b>To Whom Paid</b> ActBlue			мо	DAY	YEAR		
Mailing Address PO Box 441	146		12	5	2022	\$	17.15
City West Somerville	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	MA	021440031	Service				
To Whom Paid ActBlue			МО	DAY	YEAR		
Mailing Address PO Box 441	146		12	12	2022	\$	0.94
City West Somerville	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	1	
	MA	021440031	Service				
<b>To Whom Paid</b> AweberCommunications			МО	DAY	YEAR		
Mailing Address 1100 Manor	r Dr		12	22	2022	\$	464.00
<b>City</b> Chalfont	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	1	
	PA	189142252		y Email Ve			
<b>To Whom Paid</b> Bucks County Democratic Com	mittee	·	МО	DAY	YEAR		
Mailing Address 123 N Broad	d St Ste B		12	30	2022	\$	10,000.00
City Doylestown	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•	
,	PA	189013716	paid ca	nvass prog	gram		
<b>To Whom Paid</b> Bucks United			мо	DAY	YEAR		
Mailing Address 346 Stratto	n Ct		12	8	2022	\$	6,500.00
City Langhorne	State	Zip Code (Plus 4)	+	tion of Exp	l	<u> </u>	
<b>City</b> Langhorne			Decerie				

190471664

contribution made

PA

To Whom Paid Bucks United	мо	DAY	YEAR			
Mailing Address 346 Stratton Ct	12	29	2022	\$	20,00	00.00
City Langhorne State PA 190471664	Description of Expenditure  contribution made					
To Whom Paid Commonwealth Compliance Solutions, LLC	МО	DAY	YEAR			
Mailing Address PO Box 748	12	27	2022	\$	50	00.00
City Mechanicsburg State PA 2ip Code (Plus 4) 170550748	Description of Expenditure Compliance Consulting					
<b>To Whom Paid</b> Friends of Diane Marseglia	МО	DAY	YEAR			
Mailing Address 346 Stratton Ct	12	6	2022	\$	1,00	00.00
City Langhorne State Zip Code (Plus 4) PA 190471664	Description of Expenditure contribution made					
<b>To Whom Paid</b> Friends of Sean Kilkenny	мо	DAY	YEAR			
	<b>MO</b>	<b>DAY</b> 29	<b>YEAR</b> 2022	\$	25	50.00
Friends of Sean Kilkenny	11	29 otion of Exp	2022	\$	25	50.00
Friends of Sean Kilkenny  Mailing Address 715 Washington Ln  City Jenkintown State Zip Code (Plus 4)	11 Descrip	29 otion of Exp	2022	\$	25	50.00
Friends of Sean Kilkenny  Mailing Address 715 Washington Ln  City Jenkintown State PA 2ip Code (Plus 4) 190462953  To Whom Paid	11  Descrip Contrib	29 Pition of Exp ution	2022 penditure	\$		50.00 15.79
Friends of Sean Kilkenny  Mailing Address 715 Washington Ln  City Jenkintown State PA 190462953  To Whom Paid Google G Suite	Descrip Contrib MO 12 Descrip	29  Ition of Expution  DAY	2022  Penditure  YEAR  2022			
Friends of Sean Kilkenny  Mailing Address 715 Washington Ln  City Jenkintown State PA 2ip Code (Plus 4) 190462953  To Whom Paid Google G Suite  Mailing Address 1600 Amphitheatre Pkwy  City Mountain View State Zip Code (Plus 4)	Descrip Contrib MO 12 Descrip	29  Intion of Expution  DAY  2	2022  Penditure  YEAR  2022			
Friends of Sean Kilkenny  Mailing Address 715 Washington Ln  City Jenkintown State PA 190462953  To Whom Paid Google G Suite  Mailing Address 1600 Amphitheatre Pkwy  City Mountain View State CA 2ip Code (Plus 4) 190462953  To Whom Paid State Pkwy	Descrip Contrib  MO  12  Descrip Email M	29  Intion of Expution  DAY  2  Potion of Expution of	2022  Penditure  YEAR  2022  Penditure		4	

To Whom Paid					1			
			мо	DAY	YEAR			
Zach Kirk								
Mailing Address 1322 Revere	Rd		12	15	2022	\$	283.25	
City Yardley	State	Zip Code (Plus 4)	Descrip	otion of Exp	enditure			
	PA	190674354	Reimbu	ırsement f	or postag	e and pi	rinting July 26	
To Whom Paid Klein Transportation			мо	DAY	YEAR			
Mailing Address 1336 Ben Fra	ınklin Hwy E		12 12 2022 \$				2,179.50	
<b>City</b> Douglassville	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
Dodgidssville	PA	195181808	Transportation -Swearing				Ceremony	
<b>To Whom Paid</b> Sage Payment Solutions	·		МО	DAY	YEAR			
Mailing Address 12120 Sunse	t Hills Rd Ste 500		12	2	2022	\$	22.50	
City Reston	State	Zip Code (Plus 4)	Descrip	otion of Exp	enditure	<u> </u>		
	VA	201905858	Bank card merchant fees					
<b>To Whom Paid</b> Steve Santarsiero			МО	DAY	YEAR			
Mailing Address 530 Southrid	ge Cir		11 30 2022			<b>\$</b> 240.00		
City Yardley	State	Zip Code (Plus 4)	Descrip	tion of Exp	<u> </u>			
,	PA	190674771	Reimbursement for postage/stamps					
<b>To Whom Paid</b> Vantiv Worldpay			МО	DAY	YEAR			
Mailing Address 8500 Govern	ors Hill Dr		12	9	2022	\$	31.78	
City Symmes Twp	State	Zip Code (Plus 4)	Descrip	tion of Exp	l enditure			
Symmes The	ОН	452491384		nt Fees				
<b>To Whom Paid</b> Verizon		•	мо	DAY	YEAR			
Mailing Address PO Box 1512	4		12	8	2022	\$	180.98	
City Albany	State	Zip Code (Plus 4)	Descri	tion of Ex	enditure	I		
, assury	NY	122125124	Description of Expenditure Telephone-Internet					
Fotos Consideration Consideration							PAGE TOTAL	
Enter Grand Total of Expendit	tures on Page 1, Re	port Cover Page, Item D	·•			\$	41,811.89	